

70  
11/4/62

09/667039

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET	10	10-2-66
O.P.E. CLASSIFIER	TN	50870	10/10
FORMALITY REVIEW			10/10
RESPONSE FORMALITY REVIEW			10/10

31

INDEX OF CLAIMS

- |                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| - (Through numeral) | Canceled   | A | Appeal       |
|                     | Restricted | O | Objected     |

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions  
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